Submit by Email | Print Form

SAM
Service Access & Management, Inc.

1305 East Market Street • York, PA • 17403
Phone: 717-848-8744 Fax: 717-848-8799 toll free: 1-888-245-8744

Date:_____

Referral Source: _____Contact Person: _____Phone#: _____

Name: _____DOB:_____ Gender: _____

Address: _____

Phone: (H): _____(C)_____ (W) _____

Parent/Guardian/POA:_____Phone:_____

Access/MA #: _____

Diagnosis:
Axis I:_____
Axis II: _____
Axis III: _____
Axis IV: _____
Axis V: _____Current Highest is past _____

Please attach the most recent evaluation signed by a psychiatrist or a licensed psychologist*

Other agency involvement: _____

Current MH Services: _____

Reasons for referral: _____

Release Signed by Member/Family: York/Adams HealthChoices ☐ **Yes**

SAM/Joint Planning Team ☐ **Yes**

Member Family Given Brochure on JPT ☐ **Yes**

Member Family Agree to Referral Submission ☐ **Yes**

Submit Referrals to:

York County Human Services
100 West Market Street, Suite 401 York, Pennsylvania 17401
(717) 771-9347 Fax: (717) 771-4663

The York/Adams Health Choices Management Unit, the York County Commissioners and the Adams County Commissioners have provided Reinvestment dollars in support of the start-up costs of this program.

YORK COUNTY HUMAN SERVICES DEPARTMENTS
INFORMATION RELEASE FORM

I hereby authorize the following to release information to: Service Access Management/Joint Planning Team

1305 E. Market St, York PA 17403
(Name and complete address of Agency/Individual)

and/or to receive information from: _____

(Name and complete address of Agency/Individual)

Regarding the Record of Name: _____ **DOB:** _____

Address: _____

The information released will be limited to any and all records requested below for the date range: _____

Please have consumer over 14 or person authorizing release of information sign their initials next to any requested information.

_____ Evaluation-Select: ☒ Psychological ☒ Psychiatric ☒ Drug and Alcohol ☐ Offender ☐ _____

_____ Report Card/Attendance	____ Behavior reports	____ IEP/Evaluation Report	____ Birth Certificate (copy)
_____ Medical/Hospitalization Records	____ Physical Exams	____ Immunizations	____ Dental Exams
_____ Treatment Plan/Recommendations	____ Progress Reports	____ Attendance/Participation	____ Discharge Summary
_____ Probation/Parole Conditions	____ Childline	____ Drug Test Results	____ Accurint/Family Finding
_____ County Assistance/Welfare	____ Pay Stub(s)	____ Social Security Benefits	____ Insurance Information

_____ Residency Confirmation-Rent Payment, Lease or Mortgage _____

_____ Financial Release-explanation: _____

_____ Other: JPT Referral Completed Referral filled out by Agency

The information will be used for the following purpose(s): ☐ Assessment ☐ Provision of Service ☒ Referral Review

This release automatically expires **1 year from date of signature** or when the above-named person ceases to be a consumer of the agencies selected, whichever occurs sooner. The authorization for the release of information may be revoked at anytime. To revoke this authorization, please notify the York County Human Services Agency identified at the top of the release in writing.

I understand that I do not have to consent to the release of information. I understand that treatment, payment, enrollment or eligibility for services are *not* subject to signing this release, except as required to initiate County services. If health information is needed to initiate County services and I do not sign this release, I understand that I may not receive services.

I understand that there may be a risk that the person/organization receiving my information could possibly redisclose it without my authorization and then the confidentiality of the information might not be protected. I have read this form carefully and I voluntarily choose to release the information. I acknowledge that I fully and completely understand the content of this form.

Please read carefully:

- I have the right to receive a copy of this signed release form.
- If the consumer is 14 years of age or older, the consumer must sign and date the form.
- If the consumer is 14 years of age or younger, the consumer's parent or legal guardian must sign and date the form unless an exception exists under state or federal law.
- If the consumer is 18 years of age or older and is incapable of signing, a legally authorized substitute may sign and date the form. Please indicate your legal authority and include documentation of your relationship. ☐ Legal Guardian or Conservator ☐ Health Care Agent (Health Care Power of Attorney)

Printed name	X Signature of client/parent/guardian	Relationship	Date
Printed name of staff	X Signature of staff		Date

Notice to the recipient of these records

This information has been disclosed to you from records whose confidentiality is protected by State and Federal Law. Regulations limit your ability to make any further disclosure of this information without the prior written authorization of the person to whom it pertains.

YORK COUNTY HUMAN SERVICES DEPARTMENTS
INFORMATION RELEASE FORM

I hereby authorize the following to release information to: York/Adams HealthChoices Management Unit

100 West Market Street, York, PA 17401
(Name and complete address of Agency/Individual)

and/or to receive information from: _____
(Name and complete address of Agency/Individual)

Regarding the Record of Name: _____ **DOB:** _____

Address: _____

The information released will be limited to any and all records requested below for the date range: _____

Please have consumer over 14 or person authorizing release of information sign their initials next to any requested information.

_____ Evaluation-Select: ☒ Psychological ☒ Psychiatric ☒ Drug and Alcohol ☐ Offender ☐ _____

_____ Report Card/Attendance	____ Behavior reports	____ IEP/Evaluation Report	____ Birth Certificate (copy)
_____ Medical/Hospitalization Records	____ Physical Exams	____ Immunizations	____ Dental Exams
_____ Treatment Plan/Recommendations	____ Progress Reports	____ Attendance/Participation	____ Discharge Summary
_____ Probation/Parole Conditions	____ Childline	____ Drug Test Results	____ Accurint/Family Finding
_____ County Assistance/Welfare	____ Pay Stub(s)	____ Social Security Benefits	____ Insurance Information

_____ Residency Confirmation-Rent Payment, Lease or Mortgage _____

_____ Financial Release-explanation: _____

_____ Other: JPT Referral — Completed JPT Referral by Agency

The information will be used for the following purpose(s): ☐ Assessment ☐ Provision of Service ☒ Referral Review

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Joint Planning Team

for Youth and Families

What is the Joint Planning Team (JPT)?

A Joint Planning Team is not a service. It is a system of activities and a coordination of effort designed to help families, children, and youths with complex behavioral healthcare needs.

Members of a child's JPT will include family members and natural supports, as well as, service providers, case workers, and educational providers.

Who is Eligible?

Children and young people, from 11 to 21-years of age, with complex behavioral health needs and multi-system involvement. Eligible youth should also be in or at risk of out-of-home placement such as inpatient mental health services, residential treatment facilities, community residential rehabilitation or behavioral health rehabilitatiot services (BHRS).

What Does the JPT Do?

The JPT uses a support process to help families develop and use an individualized care program (ICP) to address the child's behavioral health needs and to restore a child to developmentally appropriate levels of functioning.

Who is on the JPT?

Facilitator - will support a child, their family, and other members of the JPT through the development and start of an individualized care plan.

Family Support Partners - are people with experience raising a child with complex behavioral health challenges. These JPT members will offer direct, non-clinical support to the parents.

Youth Support Partners - are similar to Family Support Partners. Youth Support Partners are young adults with personal experience in managing their own complex behavioral health challenges.

Supervisor - is a qualified mental health professional who oversees staff plans and work with families and youth.

Coach - provides direct support for Facilitators, Family Support Partners and Youth Support Partners.

Phases of the Individualized Care Program (ICP)

1. Engagement - The team meets to discuss the shared vision and teamwork vital to the process and the specific needs, strengths, and dynamic of the group.
2. Planning - The team creates the ICP. Youth and family should feel engaged, that they are heard, that the plan focuses on points upon which they wish to work, and that there is a reasonable chance that the ICP will help them meet their needs.
3. Implementation - The ICP begins. Progress and successes are continually reviewed and the plan is adjusted accordingly. This phase is repeated until the JPT's objective is achieved.
4. Transition - The team develops a plan to transition out of the formal program to a mix of family supports, community supports, professional services, and supports in the adult system, if necessary. The overall goal of the JPT is to make the JPT unnecessary. The preparation for transition away from the JPT is clear from the very beginning of the JPT process.

How Long Will the Process Take?

It takes time for families to improve their skills and establish their natural and community supports through the JPT process. JPT for each child varies in length between 6 to 18 months.

What is SAM, Inc.?

SAM, Inc. is a private non-profit organization providing intensive case management, resource managment, blended case management, and peer rehabilitation services to children and adults under contract with York/Adams HealthChoices Management Unit.

Characteristics of the Individualized Care Plan

- The plan is developed by a family-centered team.
- The plan is individualized based on the strengths and culture of the child and their family.
- The plan is driven by needs rather than by services.

Ten Guiding Principals of the Individualized Care Plan

- Family Voice and Choice
- Team Based
- Natural Supports
- Collaboration
- Community Based
- Culturally Competent
- Individualized
- Strengths Based
- Persistence
- Outcome Based

Our OFFICE

York County
1305 E. Market Street, Suite B
York, PA 17403
717-848-8744

Our MISSION

The mission of Service Access and Management, Inc. is to help people throughout Pennsylvania enhance the quality of their lives by effectively and efficiently managing and/or providing needed human services.

SAM, Inc., does not discriminate against persons because of their age, race, sex, religion, ethnic origin, disability, ancestry, national origin (including Limited English Proficiency), economic status, or sexual preference and shall observe applicable State and Federal Statutes and Regulations.

SAM, Inc. is the Joint Planning Team provider for the York County System of Care which is proud to be affiliated with the PA System of Care Partnership. www.pasocpartnership.org

SAM
Service Access & Management, Inc.

SYSTEM of CARE
YORK COUNTY

Joint Planning Team

York County

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